

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10		2				
11		2				
12		2				
13	1					
14						
15						
16						
17						
18						
19		3				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26		1				
27		1				
28	1					
29						
30						
31						
32						
33						
34						
35						
36						
37						
38	1					
39						
40						
41						
42	1					
43		1				
44		1				
45		1				
46	1					
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	51					
TOTAL CLAIMS	57					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						